

CHECKLIST FOR YOUR CONCILIATION APPOINTMENT

- ☐ If there is a current guardianship order regarding your child/ren please call 616-632-6851 immediately. (This is when a third party has legal responsibility for your child/ren).
- ☐ If you need an interpreter for your appointment please request one as soon as possible.
- ☐ Do not bring your children of any age to the appointment. Children may be interviewed at a later date.
- ☐ In an effort to encourage open dialogue, audio or video recording of the appointment is not permitted.
- ☐ Arrive 10 minutes early and bring a photo ID to sign in for your appointment. Please plan accordingly for parking and traffic. If you are more than 15 minutes late to this appointment you may be denied access or considered as failed to appear.
- ☐ Your appointment will be held at Kent County Friend of the Court, 82 Ionia, NW, 2nd Floor, Grand Rapids, Michigan 49503.
- ☐ Failure to appear by one or both parents may result in a termination of the appointment or a recommendation being completed without your input. You will have the opportunity to object to this recommendation, but appointments cannot be rescheduled. Please contact Rebecca Higley at 616-632-6851 if you will not be attending.
- ☐ If there is a current Personal Protection Order (PPO) in place, please call 616-632-6851 to inform us.
 - 1. This will be a joint meeting between the parents.
 - 2. For everyone's protection there are metal detectors and Kent County Sheriff Department Deputies staffed at the entrance to the building.
 - 3. If necessary, you may arrive 30 minutes early for your appointment and request an escort from the deputies to the Friend of the Court office while you are in the lobby awaiting your appointment.
 - 4. If we are aware of the PPO, steps will be taken to assure you are not left alone with the other party during the appointment. Typically, the PPO petitioner will be allowed to leave the appointment first.
 - 5. If you would like to have a support person to wait with you in the lobby before the meeting and to walk out with you afterward, you may bring them with you. This person will not be allowed into the appointment.

If you have additional concerns, you may contact us at 877-543-2660.

What is conciliation?

Conciliation is a service offered by the Kent County Friend of the Court for individuals who wish to get a temporary order for custody, parenting time and child support entered without filing a motion with the court. If there has been a motion filed for a temporary custody, parenting time and child support order, then conciliation is not appropriate for your case.

What will happen at conciliation?

During the conciliation conference, parents are encouraged to discuss the issues, make proposals and review alternatives regarding custody, parenting time and child support. In the event that the parents reach an agreement, a written document regarding these issues will be prepared. The parents have the opportunity to review the document before signing. Once signed, the document is entered by the court as a stipulated order creating a temporary order that remains in effect until the Judgment of Divorce is entered, or until further order of the court.

If no agreement is reached, the conciliator will prepare a recommendation addressing custody, parenting time and child support in the form of a recommended order. Either parent may file an objection to this recommended order within 21 days. If no objection is filed, the recommended order will be signed and distributed to both parents.

What happens if I don't attend the conciliation conference?

If neither parent attends, the conciliation is not held. If only one parent attends, a proposed order will be entered based on the information available. It is very important that both parents attend the conciliation conference so the best arrangements can be developed for your children.

APPLICATION FOR IV-D CHILD SUPPORT SERVICES

(For Privately Filed Domestic Relations Cases Only)

State of Michigan
Friend of the Court

FOR OFFICE USE ONLY

App Request
Date

App Returned
Date

IV-D Case
Number

Instructions: This is an application for IV-D child support services, and is intended only for parents filing a domestic relations case (divorce, annulment, separate maintenance, paternity, or custody) on their own or through their own attorney. This form is not intended for people without children or those who are not a party to a domestic relations case. This application is designed to be used with a Verified Statement, Judgment Information Form, or other similar court form.

AUTHORITY: 45 Code of Federal Regulations 302.33. **Completion of this application for IV-D child support services is voluntary.**

Domestic Relations Filing/Docket Number (if available)

Who does the child(ren) live with most of the time? (This information is used for administrative purposes only and has no impact on any pending custody hearings.)

What is your relationship to the child(ren) for whom you are applying for child support services?

☐ Mother ☐ Father

☐ Mother ☐ Father ☐ Both

A. Mother's Information

Mother's Name (First, Middle, Last)

Mother's Social Security Number

Mother's Mailing Address (Street, City, State, Zip Code)

Mother's Telephone Number

B. Father's Information

Father's Name (First, Middle, Last, Suffix)

Father's Social Security Number

Father's Mailing Address (Street, City, State, Zip Code)

Father's Telephone Number

C. Family Violence Disclosure

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child(ren). If yes, additional information will be requested by Friend of the Court staff.

☐ Yes ☐ No

D. Acknowledgement for Child Support Recipient

If I am sent money in error or overpaid, the Michigan IV-D child support program will take action to correct this error. By checking the "yes" box below, I give the IV-D program permission to pay back the error or overpayment by keeping 25% (or otherwise as directed below) from my future child support payments. If I later change my mind, I must contact the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D child support services.

☐ Yes (Check one if different than 25%) ☐ 10% ☐ 50%

☐ No, please contact me before you try to recover an amount from my support payments.

E. Acknowledgement for Applicant

I understand that I must provide my Social Security number pursuant to the Social Security Act, 42 USC 66(a)(13), in order for Michigan's child support program to provide services.

I have received or have had an opportunity to review a copy of DHS-Pub-748, *Understanding Child Support: A Handbook for Parents*, at www.michigan.gov/childsupport in the Popular Forms section. I understand that I can also ask for a printed copy from the Friend of the Court.

I request child support services available under Title IV-D of the Social Security Act for the child(ren) listed in my domestic relations court filing (refer to DHS-Pub-748 for a list of available services).

Applicant or Attorney of Record Signature (Signature is required)

Applicant or Attorney of Record Printed Name

Date

If signed by an attorney, (s)he is acting on behalf of

Printed Name (Required)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Return this completed application to your local Friend of the Court Office.

CONCILIATION QUESTIONNAIRE

Plaintiff: _____ Defendant: _____ Court Order No: _____
PLEASE PRINT PLEASE PRINT

If you are on public assistance, please provide information regarding your Grant Amount _____ and
DSS Case Number _____.

Do you have any other financial responsibility or alimony orders?

If yes, what is the amount of weekly support ordered to be paid on the pre-existing support orders (not including payments on arrearages)?

Do you have a second family?

If yes, how many children are in the second family?

What are their ages?

Do you provide the sole support for stepchildren residing in your home because support is unavailable from their natural/adoptive parents?

If yes, how many stepchildren do you support?

Do the children receive payments from the Social Security Administration?

If yes, is the mother, father, or stepparent the source of benefit?

How much Social Security does each child receive each week?

Is there any work/education related childcare costs for the children under 12 years old in this case?

If yes, what is the weekly child care expense?

How many weeks of childcare do you use per year?

Please have your child care worker complete the attached form.

I declare that the information in this questionnaire is true to the best of my knowledge, information and belief.

Date Signature

Please attach your four (4) most recent pay stubs and your most recently file Federal and State income tax returns, including all schedules. If you are self-employed, also attach a copy of your three (3) most recent business tax returns and/or corporate returns.

STATE OF MICHIGAN
17th JUDICIAL CIRCUIT
KENT COUNTY

CHILD-CARE VERIFICATION

CASE NO.

Friend of the court address

Telephone no.

82 Ionia Avenue NW, Ste. 200, PO Box 351, Grand Rapids, MI, 49501-0351

(877) 543-2660

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.

It is your responsibility to return the completed form to the friend of the court.

Name

Name(s) and age(s) of child(ren) involved in this case

Are you receiving financial assistance for child care from any federal or state agency: ☐ Yes ☐ No

If yes, please state the name of the agency and the amount you are receiving.

CHILD-CARE PROVIDER INFORMATION

Please attach a schedule of your most recent child-care rates.

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider

Address

City

State

Zip

County

Area code and
Telephone no.

Name and Age of Child

School Year Rates

Average No. of Hours/Week

Hourly Rate

Total Weekly Rate

Name and Age of Child

Summer Season Rates

Average No. of Hours/Week

Hourly Rate

Total Weekly Rate

Do you require payment for services even when children are absent to guarantee a position in your center? ☐ Yes ☐ No

If yes, please explain.

Does a federal or state agency contribute all or a portion of these child-care services? ☐ Yes ☐ No

If yes, please provide the agency name and amount contributed.

The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.

Date

Signature and title of provider

STATE OF MICHIGAN 17th JUDICIAL CIRCUIT KENT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 1	CASE NO.
Friend of the Court address 82 Ionia Avenue NW - STE 200 - PO Box 351 Grand Rapids, MI 49501-0351		Telephone no. (877) 543-2660
Plaintiff		v
		Defendant
GENERAL INFORMATION		
1. Your full name		2. Date of birth
3. Place of birth: City and State		
4. Address	City	State Zip
5. Home telephone		
6. Social security number		7. Driver license number
8. Work telephone		
9. Sex <input type="checkbox"/> M <input type="checkbox"/> F	10. Eye color	11. Hair color
12. Height	13. Weight	14. Race
15. Scars, tatoos, etc.		
16. Your father's full name		17. Your mother's full maiden name
18. Names of all of your dependent children Birthdate Gender Natural/Step/Adopted Soc. Sec. No. Address		
19. Are you pregnant? If yes, complete a. and b. <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. When is the child due?		b. Is the other party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)		
21. Full name		22. Date of birth
23. Place of birth: City and State		
24. Address	City	State Zip
25. Home telephone		
26. Social security number		27. Driver license number
28. Work telephone		
29. Sex <input type="checkbox"/> M <input type="checkbox"/> F	30. Eye color	31. Hair color
32. Height	33. Weight	34. Race
35. Scars, tatoos, etc.		
36. Father's full name		37. Mother's full maiden name
38. Names of all of your dependent children Birthdate Gender Natural/Step/Adopted Soc. Sec. No. Address		
39. Is this party pregnant? If yes, complete a. and b. <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. When is the child due?		b. Is this party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is this parent married? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STATE OF MICHIGAN 17th JUDICIAL CIRCUIT KENT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 2	CASE NO.
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INCOME INFORMATION

41. Your occupation _____ 42. Your employer (if unemployed, name of last employer) _____

43. Employer's address _____ City _____ State _____ Zip _____ 44. Date hired _____

45. Gross earnings per pay period (earnings before taxes)
 \$ _____ ☐ weekly ☐ bi-weekly ☐ bi-monthly ☐ monthly 46. Filing status _____ dependents claimed
☐ married ☐ single ☐ head of household

47. Hourly pay rate (including shift premium and COLA) _____ 48. Total regular hours worked per pay period _____ 49. Average overtime hours for past 12 months _____

50. Second job _____ 51. Employer _____

52. Employer's address _____ City _____ State _____ Zip _____ 53. Date hired _____

54. Gross earnings per pay period (earnings before taxes)
 \$ _____ ☐ weekly ☐ bi-weekly ☐ bi-monthly ☐ monthly 55. Hourly pay rate _____ 56. Avg. of hours worked per pay period since hire date _____

57. List MONTHLY income from all other sources, such as:

Commissions _____	Social Security Benefits _____
Bonuses _____	V.A. Benefits _____
Profit Sharing _____	Disability Insurance _____
Interest _____	G.I. Benefits _____
Dividends _____	Nat'l. Guard & Res. Drill Pay _____
Annuities _____	Armed Services _____
Pensions/Longevity _____	Allowance for Rent _____
Deferred Compensation/IRA _____	Rental Income _____
Trust Funds _____	Spousal Support/Alimony _____
Unemployment Benefits _____	State Disability Assistance _____
Strike Pay _____	FIP _____
SUB Pay _____	Supplemental Security Income SSI _____
Sick Benefits _____	Other _____
Workers Compensation _____	

58. Do you have any other alimony or child support orders?
 If so, complete a. b. and c. ☐ No ☐ Yes, as payer ☐ Yes, as recipient

a. Amount of order (do not include arrearages) _____	b. Type of order/Case No. _____	c. City, County, and State _____
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59. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both natural/adoptive parents?
☐ No ☐ Yes ☐ If yes, how many stepchildren do you support? _____
 If yes, state the reason the stepchildren's mother is unable to provide support:

 If yes, state the reason the stepchildren's father is unable to provide support:

60. Do any of the children listed on item 18 receive payments from the Social Security Administration? ☐ Yes ☐ No

Child's Name	Amount (monthly)	Type of benefit (check one) SSI Dependent Benefit	Source of dependent benefit (Mother, Father, Stepparent)

61. Attach your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.

STATE OF MICHIGAN 17th JUDICIAL CIRCUIT KENT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 3	CASE NO.
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INCOME INFORMATION OF OTHER PARENT IN THIS CASE (if known)

62. Occupation	63. Employer (if unemployed, name of last employer)		
64. Employer's address	City	State	Zip
			65. Hourly pay rate (including shift premium and COLA)
66. Gross earnings per pay period (earnings before taxes)		67. Average overtime hours for past 12 months	

HEALTH CARE INFORMATION

68. Medical insurance company name, address, telephone no.	Policy number	Beginning date, if known
69. Dental insurance company name, address, telephone no.	Policy number	Beginning date, if known
70. Optical insurance company name, address, telephone no.	Policy number	Beginning date, if known

71. What dependent coverage is available to you without cost?

☐ Medical ☐ Dental ☐ Optical

72. What dependent coverage is available by payment of an additional premium? (specify cost per pay period)

☐ Medical _____ per _____
 ☐ Dental _____ per _____
 ☐ Optical _____ per _____

73. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical (/)	Dental (/)	Optical (/)

CHILD CARE INFORMATION

74. Do you have child care expenses for the minor children in this domestic relations case during any time of the year? ☐ Yes ☐ No

If yes, complete the following information:

Name of child care provider	Names of children receiving child care
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year
Current weekly child care cost	Amount of child care credit received on last year's federal I.R.S. tax return

75. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.

Reason	Estimated no. of hours per week
<input type="checkbox"/> Work related	_____
<input type="checkbox"/> Looking for employment	_____
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____

76. If your reason for child care is education related, provide the following information:

Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date
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STATE OF MICHIGAN 17th JUDICIAL CIRCUIT KENT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 4	CASE NO.
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INFORMATION FOR LESS THAN FULL TIME EMPLOYMENT

77. If unemployed and not receiving unemployment or worker's compensation benefits, or working part time only, provide the following information:

Name of last full time employer	Address of last full time employer
Position held at last place of full time employment	Last day employed full time
Length of time employed in last full time position	Reason for leaving last full time employment

Gross earnings per pay period (earnings before taxes)
 \$ ☐ weekly ☐ bi-weekly ☐ bi-monthly ☐ monthly

78. Do you have any medical conditions/restrictions that affect your ability to work? ☐ Yes ☐ No

If yes, please explain medical condition/restriction:

79. What is your educational background? (Check one)

<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Trade School Graduate	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree

☐ I request child support services under the child support enforcement program of Title IV-D of the Social Security Act.

I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.

 Date

 Signature

Reminder List:

Have you signed this questionnaire?

Have you attached your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?

Have you attached a copy of your last federal and state income tax returns including all schedules, W-2s, and 1099s. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.

Attach any additional information that may be useful to the Friend of the Court in making a support recommendation.

Retain a copy of this form for your own records. Return the original to the Friend of the Court office.